

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

454

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

(Address)

(City)

(State)

PAID BY

SAPC 10268
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				16,204	34

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 16,204 34 ✓

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

(Payee must NOT use this space)

Differences

Date 10-18-56

*Payee

Not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title Controller

Amount verified; correct for
(Signature or initials)

16,204 34

Contract No. A101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$

†

SIGN
ORIGINAL
ONLY

Title

Date

APPROVING OFFICER NOV 9 1956

CONTRACTING OFFICER

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL

STATINTL

aid by { Check No. _____ dated _____ 19____, for \$ _____
Cash, \$ _____, on _____ 19____ Payee _____
(on Treasurer of the United States in favor of payee named above.)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the company or corporation must be stated as well as the name of the individual who is signing the voucher, per John Doe Company, per John Doe, Secretary, or Treasurer, as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and

Title

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Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 454
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System II					
		Direct Costs Properly Chargeable to Contract A101 for the period 10-1-56 thru 10-7-56					
		Labor					
		Week Ending October 7, 1956					
		Adjustment:					
		Ref. - JV 096912					
STATINTL		Overhead computed for Communications Division at interim rate of [REDACTED]					
STATINTL		Other Costs					
		Per schedule attached		2,914	39 ✓		
		Adjustments:					
		JV 096123 343.17					
		JV 096207 1,012 91		1,356	08	4,270	47 ✓
		Total Labor, Overhead and Other Costs					
STATINTL		G & A expense computed at interim rate of [REDACTED]					
		Total Costs				\$ 16,204	34 ✓

STATINTL

☐ SUMMARY INDIRECT POSTING JOURNAL FOR OPERATING DIVISIONS

☐ SUMMARY INDIRECT POS
FOR NON-OPERATING DIV

FORM NO. 1421 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

ADJUSTMENTS

PAGE

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